



APPLICATION FOR ADDITIONAL DEALER PLATES

State Form 12798 (R6 / 2-98)

Approved by State Board of Accounts, 1998

BUREAU OF MOTOR VEHICLES
Dealer Section
6400 E. 30th Street
Indianapolis, IN 46219

INSTRUCTIONS: DO NOT WRITE IN SHADED AREAS.

				BMV USE ONLY		
				Dealer number	Additional plates - Inclusive to	Date received (month, day, year)
INVOICE - Multiply quantity x fee. Add mailinf charges for Total Fees				Name of business		Telephone number ()
CK. ONE	QUANTITY	PLATES AND FEES	TOTAL	Address (street and number)		
<input type="checkbox"/>		Additional Dealer plates @ \$20.00 per plate.	\$	City State ZIP code		
<input type="checkbox"/>		Additional Motorcycle Dealer plates @ \$10.00 per plate.	\$	I hereby certify, under penalty of perjury, that the answers and information contained in this application are true and correct.		
<input type="checkbox"/>		Additional Transport Operator plate sets @ \$20.00 per plate.	\$	Signature of owner, partner or officer		
<input type="checkbox"/> Please mail		Mailing charge: \$1.50 per plate/set for 1-2 plates. \$1.00 per plate/set for 3-9 plates. \$.50 per plate/set for 10 or more plates.	\$	Dealer number Typed or printed name and title		
<input type="checkbox"/> Will Pick Up			\$			
Application must be accompanied by check or money order.			TOTAL FEES	\$		



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